

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known)

Chapter

11☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Glover Corporation, Inc.</u>	
<hr/>		
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>DBA Glover Printing, Inc.</u> <u>DBA Glover Printing Company</u>	
<hr/>		
3. Debtor's federal Employer Identification Number (EIN)	<u>56-0811074</u>	
<hr/>		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>2401 Atlantic Avenue</u> <u>Raleigh, NC 27604</u> <small>Number, Street, City, State &amp; ZIP Code</small>	<hr/> <small>P.O. Box, Number, Street, City, State &amp; ZIP Code</small>
	<u>Wake</u> <small>County</small>	<u>Location of principal assets, if different from principal place of business</u> <hr/> <small>Number, Street, City, State &amp; ZIP Code</small>
<hr/>		
5. Debtor's website (URL)	<u>https://www.discoverglover.com</u>	
<hr/>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	
<hr/>		

Debtor **Glover Corporation, Inc.**  
Name

Case number (if known)

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

**B. Check all that apply**

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.**  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Glover Corporation, Inc.**  
Name

Case number (if known)

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Glover Corporation, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 1, 2018**  
MM / DD / YYYY**X /s/ Lou Goldberg**  
Signature of authorized representative of debtor**Lou Goldberg**  
Printed nameTitle **President****18. Signature of attorney****X /s/ John Paul H. Cournoyer**  
Signature of attorney for debtorDate **June 1, 2018**  
MM / DD / YYYY**John Paul H. Cournoyer**  
Printed name**Northern Blue, LLP**  
Firm name**PO Box 2208**  
**Chapel Hill, NC 27515**  
Number, Street, City, State & ZIP CodeContact phone **919-968-4441** Email address**42224 NC**  
Bar number and State

**Fill in this information to identify the case:**Debtor name Glover Corporation, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 1, 2018**X /s/ Lou Goldberg**

Signature of individual signing on behalf of debtor

**Lou Goldberg**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Glover Corporation, Inc.**  
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204**
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express Managing Agent PO Box 1270 Newark, NJ 07101		CREDIT CARD				\$18,965.25
BANK OF AMERICA CREDIT CARD Attn: Managing Agent PO BOX 15796 WILMINGTON, DE 19886-5796		CREDIT CARD				\$41,067.51
Blue Cross Blue Shield Attn: Managing Agent PO Box 2291 Durham, NC 27701-2721		Insurance				\$16,617.00
Blue Sky 401k Specialists Attn; Randy Glass 1207 Crews Rd, Ste A Matthews, NC 28105		401k contributions (debtor's estimate)				\$50,000.00
Canon Financial Services Attn: Managing Agent 14904 Collections Center Drive Chicago, IL 60693-0149		Lease				\$14,123.27

Debtor **Glover Corporation, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Canon Solutions America Attn: Managing Agent 12379 Collections Center Drive Chicago, IL 60893		Deficiency balance				\$23,731.48
CHASE CARD SERVICES Attn: Managing Agent CARDMEMBER SERVICE WILMINGTON, DE 19886-5153		Credit card charges				\$59,903.05
FEDEX Attn: Managing Agent P.O. BOX 371461 PITTSBURGH, PA 15250-7461		Services				\$17,115.97
FIRST CITIZENS VISA Attn: Managing Agent P.O. BOX 63001 CHARLOTTE, NC 28263-3001		Charge card charges				\$60,063.69
Hitachi Capital America Leasing Attn: Managing Agent P O Box 1880 Minneapolis, MN 55400-1800		Deficiency balance				\$17,680.45
INDIGO AMERICA, INC. Attn: Managing Agent P.O. BOX 415573 BOSTON, MA 02241-5573		Supplier or Vendor				\$48,104.16
Lindenmyr Munroe Attn: Managing Agent 3831 SOUTH ALSTON AVENUE, BLDG #7 DURHAM, NC 27713		Supplier or Vendor				\$30,769.54

Debtor **Glover Corporation, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MAC PAPERS Attn: Managing Agent P.O. BOX 930513 ATLANTA, GA 31193-0513		Supplier or Vendor				\$13,311.62
MORPHEUS RISING Attn: Managing Agent 105 AMBERGLOW PLACE CARY, NC 27513		Supplier or Vendor				\$67,872.98
NANCY BUNTING P.O. BOX 31584 RALEIGH, NC 27622		Services				\$25,102.50
NC Dept of Revenue Attn: Bankruptcy Dept. P.O. BOX 25000 RALEIGH, NC 27640-0150		taxes				\$28,695.86
United Healthcare Insurance Co Attn: Managing Agent PO Box 94017 Palatine, IL 60094-4017		Services				\$85,415.47
VERITIV OPERATING CO, FORMERLY XPED Managing Agent 1070 WATERFIELD DRIVE GARNER, NC 27529		Services				\$99,319.84
Wake County Revenue Dept. Attn: Managing Agent P.O. BOX 580084 CHARLOTTE, NC 28258-0084		taxes				\$51,098.55
Wells Fargo Financial Leasing Attn: Managing Agent P O Box 10306 Des Moines, IA 50306		Deficiency balance				\$22,290.98



**Fill in this information to identify the case:**Debtor name **Glover Corporation, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b>	
Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>2,100,000.00</b>
<b>1b. Total personal property:</b>	
Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>737,251.32</b>
<b>1c. Total of all property:</b>	
Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>2,837,251.32</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>3,887,831.54</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b>	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>129,794.41</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>3,577,922.25</b>
<b>4. Total liabilities</b> .....	
Lines 2 + 3a + 3b	\$ <b>7,595,548.20</b>

**Fill in this information to identify the case:**Debtor name **Glover Corporation, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **First National Bank of Pennsylvania****8849****\$40.73**3.2. **Coastal FCU (aggregate total of all subaccounts incl. payroll and operating)****x969****\$197.59****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$238.32****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**



Debtor Glover Corporation, Inc.  
Name

Case number (If known) \_\_\_\_\_

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> <b>Office furniture (debtor's estimate)</b>	<b>\$0.00</b>		<b>\$10,000.00</b>

40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$10,000.00**44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<b>Mercedes Sprinter 2500 van</b>	<b>\$0.00</b>		<b>\$3,000.00</b>
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <b>Heidelberg (S &amp; G) Model M0ZP printing press</b>	<b>\$0.00</b>		<b>\$7,000.00</b>
	<b>Heidelberg (S&amp;G) Model M)ZP (Alcolor) printing press</b>	<b>\$0.00</b>		<b>\$27,500.00</b>
	<b>G&amp;K VIJUK V18 ,miniature folder</b>	<b>\$0.00</b>		<b>\$5,000.00</b>

Debtor Glover Corporation, Inc.  
Name

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Duplo 2008 Nearlie booklet maker	\$0.00	\$5,000.00
EFII Printflow & Accounter software	\$0.00	Unknown
AGFA Avalon Platesetter plate maker	\$0.00	\$5,000.00
Epace Software and custom management information system	\$0.00	Unknown
AGF gee CTF Workforce software	\$0.00	Unknown
Saber 137/54" paper cutter knife	\$0.00	\$5,000.00
Ryobi 755 5 color printing press	\$0.00	\$250,000.00
AP Kit-Veyor, AB-180 Bagger	\$0.00	\$28,000.00
Kallfass Universal 400 NT Packaging system	\$0.00	\$1,000.00
Polar 137 EMC monitor cutter	\$0.00	\$2,000.00
MBO Buckle Folding Machine (x2)	\$0.00	\$6,000.00
Heidelberg 102ZP Speedmaster color printer	\$0.00	\$10,000.00
Muller-Martini 321 Saddle Stitcher booklet maker	\$0.00	\$5,000.00
HP Indigo Pewaa 5500 (upgraded to 5600) digital printer	\$0.00	\$20,000.00
OCE Vario Print 6250 digital printer with 8 drawers	\$0.00	\$20,000.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$399,500.00**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**

Debtor Glover Corporation, Inc.  
Name

Case number (If known) \_\_\_\_\_

## 54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes Fill in the information below.

## 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 2401 Atlantic Avenue, Raleigh, NC (affiliate BDG Properties LLC owns adjacent parcel at 2415 Atlantic Avenue, Raleigh)	Fee simple by Glover Corporation	\$0.00	Liquidation	\$2,100,000.00

## 56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$2,100,000.00**

## 57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

## 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 10: Intangibles and intellectual property**

## 59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations Customer List	Unknown		\$0.00

## 64. Other intangibles, or intellectual property

## 65. Goodwill

## 66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

Debtor Glover Corporation, Inc.

Name

Case number (If known) \_\_\_\_\_

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor Glover Corporation, Inc.  
Name

Case number (If known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$238.32</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$176,219.96</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$151,293.04</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$10,000.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$399,500.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$2,100,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$737,251.32</u>	+ 91b. <u>\$2,100,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$2,837,251.32</u>



**Fill in this information to identify the case:**Debtor name **Glover Corporation, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1 Acme Company</b>	<b>Describe debtor's property that is subject to a lien</b> <b>For notice purposes. May be representative of alter-ego of Mantis Funding, LLC</b>	<b>\$0.00</b>	<b>\$0.00</b>
Creditor's Name <b>Attn: Managing Agent 64 Beaver Street, Suite 344 New York, NY 10004</b>	<b>Describe the lien</b>		
Creditor's mailing address	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Date debt was incurred</b>			
<b>Last 4 digits of account number</b>			
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

<b>2.2 Capital Advance Services, LLC</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Accounts Receivable. MCA Lender.</b>	<b>\$154,677.00</b>	<b>\$0.00</b>
Creditor's Name <b>Attn: Managing Agent 30 Broad St, Ste 14108 New York, NY 10004</b>	<b>Describe the lien</b>		
Creditor's mailing address	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Date debt was incurred</b>			
<b>Last 4 digits of account number</b>			
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply		

Debtor **Glover Corporation, Inc.**

Case number (if know)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed

2.3

**CHTD Company, as representative**

Creditor's Name

**Attn: Managing Agent  
P O box 2676  
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$0.00****\$0.00****For notice purposes. Believed to be representative of a MCA lender, but filed UCC does not identify true secured party.**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

2.4

**Citibank NA**

Creditor's Name

**Attn: Managing Agent  
701 East 60th Street North  
Sioux Falls, SD 57104**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$0.00****\$0.00****Notice Purposes Only  
Party to Pre-Petition Supplier Agreement  
under which BSH Recievables were  
purchased/factored**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.5

**Corporation Service Company, as rep**

Creditor's Name

**Attn: Managing Agent  
801 Adlai Stevenson Dr  
Springfield, IL 62703**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$0.00****\$0.00****For notice purposes. Believed to be representative of a MCA lender, but filed UCC does not identify true secured party.**

Describe the lien

Debtor **Glover Corporation, Inc.**  
Name

Case number (if know)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

**2.6 DLI Assets Bravo, LLC**

Creditor's Name

**Attn: Managing Agent**  
**550 N Brand Blvd, Suite**  
**200**  
**Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

**1. Knight Capital**  
**2. ML Factors**  
**3. Swift Capital**  
**4. World Business Lenders**  
**5. Yes Funding**  
**6. DLI Assets Bravo, LLC**

Describe debtor's property that is subject to a lien

**90 days or less: Accounts receivable.**  
**Successor to Quarterspot, Inc., a MCA lender.**

**\$72,400.00****\$176,219.96**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

**2.7 First National Bank of Pennsylvania**

Creditor's Name

**Attn: Managing Agent**  
**3600 Glenwood Avenue**  
**Raleigh, NC 27604**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**12/23/17**

Last 4 digits of account number  
**0646**

Describe debtor's property that is subject to a lien

**All assets, 2401 Atlantic Ave, Raleigh (affiliate**  
**CBDG Properties LLC owns adjacent parcel**  
**at 2415 Atlantic Avenue, Raleigh)**

**\$3,279,773.00****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Glover Corporation, Inc.**

Case number (if know)

Name

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.8 Knight Capital**

Creditor's Name

**Attn: Managing Agent  
9 East Loockerman St,  
Suite 3A-543  
Dover, DE 19901**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****2/17/2017****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.6**

Describe debtor's property that is subject to a lien

**\$22,400.00****\$176,219.96****90 days or less: Accounts receivable, MCA  
Creditor**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed**2.9 Mantis Funding LLC**

Creditor's Name

**Attn: Managing Agent  
64 Beaver Street, #344  
New York, NY 10004**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****3/13/2017****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$88,150.26****\$0.00****judgment lien**

Describe the lien

**Judgment Lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.1 Mercedes Benz Financial  
Services US**

Creditor's Name

**Attn: Managing Agent  
P O Box 5260  
Carol Stream, IL**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$22,165.00****\$3,000.00****Mercedes Sprinter 2500 van**

Describe the lien

Debtor **Glover Corporation, Inc.**  
Name

Case number (if know)

**agreement made**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**2001**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.2.1  
1**ML Factors**

Creditor's Name

**Attn: Managing Agent  
456A Central Avenue, #129  
Cedarhurst, NY 11516**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**8/4/2017**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.6**

Describe debtor's property that is subject to a lien

**90 days or less: Accounts receivable. MCA creditor**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**\$20,843.48****\$176,219.96**2.1  
2**Swift Capital**

Creditor's Name

**Attn: Managing Agent  
501 Carr Road, #301  
Wilmington, DE 19809**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**ndA0**

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**90 days or less: Accounts receivable. MCA lender.**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

**\$34,340.00****\$176,219.96**

Debtor **Glover Corporation, Inc.**

Case number (if know)

Name

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.6**☐ Contingent☐ Unliquidated☒ Disputed2.1  
3**World Business Lenders**

Creditor's Name

**Attn: Managing Agent  
101 Hudson Street, 33rd  
Floor  
Jersey City, NJ 07302**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**10/27/2017**

Last 4 digits of account number

**4777**

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.6**

Describe debtor's property that is subject to a lien

**90 days or less: Accounts receivable. MCA lender.****\$132,082.80****\$176,219.96**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
4**Yes Funding**

Creditor's Name

**Attn: Managing Agent  
122 East 42nd Street, Suite  
2112  
New York, NY 10168**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**8/13/2017**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.6**

Describe debtor's property that is subject to a lien

**90 days or less: Accounts receivable. MCA lender.****\$61,000.00****\$176,219.96**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$3,887,831.5****4****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

Debtor **Glover Corporation, Inc.** Case number (if know) \_\_\_\_\_  
Name

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Charles Anderson Jr.  
Ellis & Winters, LLP  
4131 Parklake Avenue  
Raleigh, NC 27612**

Line **2.7**

**Fill in this information to identify the case:**Debtor name **Glover Corporation, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Blue Sky 401k Specialists</b> <b>Attn: Randy Glass</b> <b>1207 Crews Rd, Ste A</b> <b>Matthews, NC 28105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$50,000.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: <b>401k contributions (debtor's estimate)</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>Attn: Insolvency Processing Center</b> <b>P O Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Unpaid payroll taxes. Amount unknown, but potentially significant.</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Glover Corporation, Inc.</b> Name	Case number (if known)
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2.3	Priority creditor's name and mailing address <b>NC Dept of Revenue</b> <b>Attn: Bankruptcy Dept.</b> <b>P.O. BOX 25000</b> <b>RALEIGH, NC 27640-0150</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$28,695.86</b>	<b>\$0.00</b>
Date or dates debt was incurred <b>10/1/2018</b>		Basis for the claim: <b>taxes</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.4	Priority creditor's name and mailing address <b>Wake County Revenue Dept.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 580084</b> <b>CHARLOTTE, NC 28258-0084</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$51,098.55</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>taxes</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<b>Amount of claim</b>
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3.1	Nonpriority creditor's name and mailing address <b>ABC Express Couriers</b> <b>Attn: Managing Agent</b> <b>PO Box 2073</b> <b>Garner, NC 27529</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$275.00</b>
Date(s) debt was incurred ____		Basis for the claim: <u>Services</u>	
Last 4 digits of account number ____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.2	Nonpriority creditor's name and mailing address <b>Acrilex, Inc.</b> <b>Attn: Managing Agent</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
Date(s) debt was incurred ____		Basis for the claim: <u>Supplier or vendor</u>	
Last 4 digits of account number ____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.3	Nonpriority creditor's name and mailing address <b>Adecco Financial Services</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 371084</b> <b>PITTSBURGH, PA 15250-7084</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,921.72</b>
Date(s) debt was incurred ____		Basis for the claim: <u>SERVICES</u>	
Last 4 digits of account number ____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Glover Corporation, Inc.</b> Name _____	Case number (if known) _____
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3.4	<b>Nonpriority creditor's name and mailing address</b> <b>ADP INC.</b> <b>Managing Agent</b> <b>P.O. BOX 842875</b> <b>BOSTON, MA 02284-2875</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,701.87</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>AGFA Corporation</b> <b>AttnL Managing Agent</b> <b>P.O. BOX 7247-6207</b> <b>PHILADELPHIA, PA 19170-6207</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>2879</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$13,041.37</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>GOODS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Alexander Exterminating Company</b> <b>545 DYNAMIC DRIVE</b> <b>GARNER, NC 27529</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$85.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>Managing Agent</b> <b>PO Box 1270</b> <b>Newark, NJ 07101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$18,965.25</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>Attn: Managing Agent</b> <b>Dept 019</b> <b>CAROL STREAM, IL 60197-5019</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T Mobility</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 6463</b> <b>CAROL STREAM, IL 60197-6463</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,199.89</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Audi Financial Services</b> <b>Attn: Managing Agent</b> <b>P O Box 5215</b> <b>Carol Stream, IL 60197</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,487.34</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Deficiency Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Glover Corporation, Inc.</b> Name	Case number (if known)
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3.11	Nonpriority creditor's name and mailing address <b>Automated Packaging Systems</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 643916</b> <b>CINCINNATI, OH 45264-3916</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3663</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$915.05</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address <b>BANK OF AMERICA CREDIT CARD</b> <b>Attn: Managing Agent</b> <b>PO BOX 15796</b> <b>WILMINGTON, DE 19886-5796</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3187</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$41,067.51</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address <b>BATTERIES PLUS OF RALEIGH</b> <b>Attn: Managing Agent</b> <b>4907 ATLANTIC AVENUE</b> <b>RALEIGH, NC 27616-1865</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,061.73</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>GOODS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address <b>Blue Cross Blue Shield</b> <b>Attn: Managing Agent</b> <b>PO Box 2291</b> <b>Durham, NC 27701-2721</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$16,617.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address <b>Bluesky 401(K) Specialists</b> <b>Attn: Managing Agent</b> <b>6331 Carmel Road</b> <b>Charlotte, NC 28226-8246</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address <b>Braden Sutphin Ink Company</b> <b>Attn: Managing Agent</b> <b>PO Box 932504</b> <b>Cleveland, OH 44193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address <b>BRIAN GOLDBERG</b> <b>12425 BROWDER STREET</b> <b>RALEIGH, NC 27614</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,023,450.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>BROTHERS ELECTRIC CO. INC.</b> <b>Attn: Managing Agent</b> <b>5808 SHAWOOD DRIVE</b> <b>RALEIGH, NC 27609</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,481.82</b>
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>BUILT CREATIVE</b> <b>Managing Agent</b> <b>219 N SALEM STREET</b> <b>APEX, NC 27502</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>SERVICES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,135.75</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>BUSINESS CARD EXPRESS SOUTH</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 829</b> <b>INDIAN TRAIL, NC 28079</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit Card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$354.50</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Canon Financial Services</b> <b>Attn: Managing Agent</b> <b>14904 Collections Center Drive</b> <b>Chicago, IL 60693-0149</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lease</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,123.27</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Canon Solutions America</b> <b>Attn: Managing Agent</b> <b>12379 Collections Center Drive</b> <b>Chicago, IL 60893</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Deficiency balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,731.48</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL ONE BANK USA, N.A.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 71083</b> <b>CHARLOTTE, NC 28272-1083</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit Card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,456.86</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>CAROLINA CONTAINER COMPANY</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 2166</b> <b>HIGH POINT, NC 27261</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,266.79</b>
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>CAROLINA HANDLING LLC</b> <b>Managing Agent</b> <b>P.O. BOX 890352</b> <b>CHARLOTTE, NC 28289-0352</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,287.73</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>CHARLOTTE SCALE COMPANY, INC.</b> <b>Managing Agent</b> <b>1510 AMERON DRIVE</b> <b>CHARLOTTE, NC 28206-1696</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$504.38</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>CHASE CARD SERVICES</b> <b>Attn: Managing Agent</b> <b>CARDMEMBER SERVICE</b> <b>WILMINGTON, DE 19886-5153</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$59,903.05</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit card charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>CINTAS CORPORATION</b> <b>Managing Agent</b> <b>P.O. BOX 631025</b> <b>CINCINNATI, OH 45263-1025</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$353.65</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF RALEIGH</b> <b>Managing Agent</b> <b>P.O. BOX 71081</b> <b>CHARLOTTE, NC 28272-1081</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>6244</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$181.24</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF RALEIGH</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 71081</b> <b>CHARLOTTE, NC 28272-1081</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>5942</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$675.27</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>CLIFFORD PAPER INC.</b> <b>Attn: Managing Agent</b> <b>SHERBROOKE OFFICE CENTRE</b> <b>UPPER SADDLE RIVER, NJ 07458</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,006.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>COECO OF RALEIGH</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 790448</b> <b>ST. LOUIS, MO 63179</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$587.83</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>COECO OFFICE SYSTEMS</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 538555</b> <b>ATLANTA, GA 30353-8555</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$31.85</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Crestmark Equipment Finance</b> <b>Attn: Managing Agent</b> <b>40950 Woodward Avenue, Ste 201</b> <b>Bloomfield Hills, MI 48304</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$11,691.06</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Deficiency balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Crystal Springs</b> <b>Attn: Managing Agent</b> <b>P O Box 600579</b> <b>Dallas, TX 75266-0579</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$23.73</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>CUSTOM LAMINATING</b> <b>Attn: Managing Agent</b> <b>3221 DURHAM DRIVE</b> <b>RALEIGH, NC 27603</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$7,522.19</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Deluxe</b> <b>Attn: Managing Agent</b> <b>3680 Victoria Street North</b> <b>Shreview, MN 55126-2966</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$404.81</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>DISCOUNT LABELS</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 709</b> <b>NEW ALBANY, IN 47151-0709</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,117.91</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>DUKE ENERGY PROGRESS</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 1003</b> <b>CHARLOTTE, NC 28201-1003</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>5769</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,640.84</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>DUNCAN-PARNELL, INC.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 35649</b> <b>CHARLOTTE, NC 28235-5649</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$252.09</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>DYC SUPPLY CO.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 35649</b> <b>VIRGINIA BEACH, VA 23455</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$272.06</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Earthlink Business</b> <b>Attn: Managing Agent</b> <b>1439 Peachtree Street</b> <b>Atlanta, GA 30309</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,256.96</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>EARTHLINK BUSINESS 1058</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 2252</b> <b>BIRMINGHAM, AL 35246-1058</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,256.96</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>EFI, INC.</b> <b>Attn: Managing Agent</b> <b>1340 Corporate Center Curve</b> <b>Eagan, MN 55121</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>9693</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$7,439.46</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>ELTOSCH GRAFIX AMERICA INC.</b> <b>Attn: Managing Agent</b> <b>1888 E. FABYAN PKWY, SUITE 7</b> <b>BATAVIA, IL 60510</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,786.83</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Glover Corporation, Inc.**

Name

Case number (if known)

3.46	<p>Nonpriority creditor's name and mailing address  <b>ENNIS BUSINESS FORMS, INC.,</b>  <b>Attn: Managing Agent</b>  <b>P O BOX 971478</b>  <b>DALLAS, TX 75397-1478</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <b>4250</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u><b>Supplier</b></u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$448.71</b>
3.47	<p>Nonpriority creditor's name and mailing address  <b>FASTENAL COMPANY</b>  <b>Attn: Managing Agent</b>  <b>5608 SPRING COURT, SUITE 106</b>  <b>RALEIGH, NC 27616</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u><b>Supplier</b></u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$82.36</b>
3.48	<p>Nonpriority creditor's name and mailing address  <b>FEDEX</b>  <b>Attn: Managing Agent</b>  <b>P.O. BOX 371461</b>  <b>PITTSBURGH, PA 15250-7461</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <b>2464</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u><b>Services</b></u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$17,115.97</b>
3.49	<p>Nonpriority creditor's name and mailing address  <b>FIRST CITIZENS VISA</b>  <b>Attn: Managing Agent</b>  <b>P.O. BOX 63001</b>  <b>CHARLOTTE, NC 28263-3001</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u><b>Charge card charges</b></u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$60,063.69</b>
3.50	<p>Nonpriority creditor's name and mailing address  <b>G&amp;K-VIJK INTERN CORP.</b>  <b>Attn: Managing Agent</b>  <b>715 CHURCH ROAD</b>  <b>ELMHURST, IL 60126</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <b>7110</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u><b>Services</b></u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$152.41</b>
3.51	<p>Nonpriority creditor's name and mailing address  <b>GEORGIA ENVELOPE &amp; CONVERTING</b>  <b>Attn: Managing Agent</b>  <b>8015 SECOND FLAG DRIVE</b>  <b>AUSTELL, GA 30168</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u><b>Supplier</b></u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$190.18</b>
3.52	<p>Nonpriority creditor's name and mailing address  <b>GRAINGER, INC.</b>  <b>Attn: Managing Agent</b>  <b>DEPT. 808900666</b>  <b>PALATINE, IL 60038-0001</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u><b>Supplies</b></u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$441.16</b>



Debtor	<b>Glover Corporation, Inc.</b> Name	Case number (if known)
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>GRAPHIC ARTS SPECIALTIES</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 1185</b> <b>NORTHBROOK, IL 60065-1185</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$249.97</b>
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3.54	<b>Nonpriority creditor's name and mailing address</b> <b>GREYSTONE LAWN MAINTENANCE</b> <b>Attn: Managing Agent</b> <b>394 KING ROAD</b> <b>CASTALIA, NC 27816</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,063.28</b>
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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>HAWKS TAG</b> <b>Managing Agent</b> <b>P.O. BOX 541207</b> <b>CINCINNATI, OH 45254</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,037.06</b>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <b>HEIDELBERG USA, INC.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 5160</b> <b>CAROL STREAM, IL 60197</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,890.25</b>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <b>HERITAGE CRYSTAL CLEAN, LLC</b> <b>Attn: Managing Agent</b> <b>13621 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693-0136</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,787.12</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>HITACHI CAPITAL AMERICA CORP.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 1880</b> <b>MINNEAPOLIS, MN 55480-1880</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Hitachi Capital America Leasing</b> <b>Attn: Managing Agent</b> <b>P O Box 1880</b> <b>Minneapolis, MN 55400-1800</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Deficiency balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,680.45</b>
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Humana</b> <b>Attn: Managing Agent</b> <b>PO Box 3024</b> <b>Milwaukee, WI 53201-3024</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>6001</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,328.61</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>ILPEA INDUSTRIES INC.</b> <b>Attn: Managing Agent</b> <b>7351 SOLUTION CENTER</b> <b>CHICAGO, IL 60677-7003</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,438.20</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>INDIGO AMERICA, INC.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 415573</b> <b>BOSTON, MA 02241-5573</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$48,104.16</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRACLEAN</b> <b>Managing Agent</b> <b>6208 VALLEY ESTATES DRIVE</b> <b>RALEIGH, NC 27612</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,295.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>INTREX COMPUTERS</b> <b>Managing Agent</b> <b>3601 BASTION LANE</b> <b>RALEIGH, NC 27604</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$839.77</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>ISODISC SOFTWARE SERVICES GROUP</b> <b>Attn: Managing Agent</b> <b>7030 N. 97TH PLAZA CIRCLE</b> <b>OMAHA, NE 68122</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$30.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN EDWARDS CO., INC.</b> <b>Attn: Managing Agent</b> <b>5030 SMITH FARM ROAD</b> <b>INDIAN TRAIL, NC 28079</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$11,408.93</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON PLASTICS</b> <b>Attn: Managing Agent</b> <b>DIVISION OF SIGNCASTER CORP.</b> <b>MINNEAPOLIS, MN 55420</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Supplier or Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,338.86</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Kansas City Life</b> <b>Attn: Managing Agent</b> <b>PO Box 219846</b> <b>KANSAS CITY, 64121-9846 64121-9846</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,521.79</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>KIRKLAND APPRAISALS, LLC</b> <b>Attn: Managing Agent</b> <b>3540 LAYTON RIDGE ROAD</b> <b>APEX, NC 27539</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>KIRSCHBAUM, NANNEY, KEENAN</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 19766</b> <b>RALEIGH, NC 27619</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>LABEL ART INC.</b> <b>Attn: Managing Agent</b> <b>1 RIVERSIDE WAY</b> <b>WILTON, NH 03086-0660</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Supplier or Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$370.19</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Lindenmyr Munroe</b> <b>Attn: Managing Agent</b> <b>3831 SOUTH ALSTON AVENUE, BLDG #7</b> <b>DURHAM, NC 27713</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Supplier or Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,769.54</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>LOUIS GOLDBERG</b> <b>2204 TIMBERLAKE DRIVE</b> <b>RALEIGH, NC 27604</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>money loaned</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,634,396.33</b>
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Debtor	<b>Glover Corporation, Inc.</b> Name	Case number (if known)
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>MAC PAPERS</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 930513</b> <b>ATLANTA, GA 31193-0513</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,311.62</b>
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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Magnum Magnetics Corporation</b> <b>Attn: Managing Agent</b> <b>801 Masonic Park Road</b> <b>Marietta, OH 45750</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$295.50</b>
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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Major Business Systems</b> <b>Attn: Managing Agent</b> <b>1510 State Highway 86 North</b> <b>Hillsborough, NC 27278</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$326.77</b>
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>MASTER GAUGE COMPANY, INC.</b> <b>Attn: Managing Agent</b> <b>1150 W. GRAND AVENUE</b> <b>CHICAGO, IL 60642</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$923.10</b>
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>MAXIMUM MECHANICAL, INC.</b> <b>Attn: Managing Agent</b> <b>P.O.BOX 5458</b> <b>CARY, NC 27512</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>MONI</b> <b>Attn: Managing Agent</b> <b>DEPT. CH 8628</b> <b>PALATINE, IL 60055-8628</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>2641</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$621.26</b>
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>MORPHEUS RISING</b> <b>Attn: Managing Agent</b> <b>105 AMBERGLOW PLACE</b> <b>CARY, NC 27513</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$67,872.98</b>
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Debtor **Glover Corporation, Inc.**

Name

Case number (if known)

3.81	<b>Nonpriority creditor's name and mailing address</b> <b>MSC INDUSTRIAL SUPPLY CO.</b> <b>Attn: Managing Agent</b> <b>PO Box 953635</b> <b>St. Louis, MO 63195</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>0096</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Supplier or Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,578.09</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Muller Martini Corp</b> <b>Attn: Managing Agent</b> <b>Lockbox 7196, PO Box 8500</b> <b>PHILADELPHIA, PA 19178-7196</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Supplier or Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>N.C. DIV. OF MOTOR VEHICLES</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 29620</b> <b>RALEIGH, NC 27626-0620</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$803.84</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>NANCY BUNTING</b> <b>P.O. BOX 31584</b> <b>RALEIGH, NC 27622</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,102.50</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>NB Board of Nursing</b> <b>Attn: Managing Agent</b> <b>4516 Lake Boone Trail</b> <b>Raleigh, NC 27602</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$199.50</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>NC Quick Pass Customer Service Cent</b> <b>Attn: Managing Agent</b> <b>200 Sorrell Grove Church Rd, Ste A</b> <b>Morrisville, NC 27560</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.30</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>NORTH CAROLINA QUICK PASS</b> <b>Managing Agent</b> <b>200 SORRELL GROVE CHURCH RD, Ste A</b> <b>MORRISVILLE, NC 27560</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21.51</b>

Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Office of Technology Development</b> <b>Attn: Managing Agent</b> <b>308 Bynum Hall UNC Chapel Hill</b> <b>Chapel Hill, NC 27599-4105</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$49.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.89	<b>Nonpriority creditor's name and mailing address</b> <b>OLD DOMINION FREIGHT LINE, INC.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 198475</b> <b>ATLANTA, GA 30384-8475</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$202.84</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>PACESETTER GRAPHIC SERVICE COR</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 499</b> <b>ACWORTH, GA 30101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$452.90</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.91	<b>Nonpriority creditor's name and mailing address</b> <b>PAPER SPECIALTIES</b> <b>Attn: Managing Agent</b> <b>4200 ATLANTIC AVENUE</b> <b>RALEIGH, NC 27604</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$82.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Penn National Insurance</b> <b>Attn: Managing Agent</b> <b>PO Box 2257</b> <b>Harrisburg, PA 17105-2257</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>6834</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,484.19</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.93	<b>Nonpriority creditor's name and mailing address</b> <b>PICA</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 19488</b> <b>CHARLOTTE, NC 28219-9488</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,349.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Global Financial Servi</b> <b>Attn: Managing Agent</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250-7887</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$230.58</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>PRINTERS' SERVICE</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 5100</b> <b>NEWARK, NJ 07105-5100</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,787.02</b>
<hr/>			
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>PROTECTION 1 ALARM MONITORING INC.</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 219044</b> <b>KANSAS CITY, MO 64121-9044</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,308.17</b>
<hr/>			
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Proto Labs</b> <b>Attn: Managing Agent</b> <b>5540 Pioneer Creek Drive</b> <b>Maple Plain, MN 55359</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,401.00</b>
<hr/>			
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>PRUDENTIAL</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 856138</b> <b>LOUISVILLE, KY 40285</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,408.48</b>
<hr/>			
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>PSNC Energy</b> <b>Managing Agent</b> <b>PO Box 100256</b> <b>Columbia, SC 29202</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$447.29</b>
<hr/>			
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>PURCHASE POWER</b> <b>Managing Agent</b> <b>P.O. BOX 371874</b> <b>PITTSBURGH, PA 15250-7874</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,263.96</b>
<hr/>			
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>QUARLES FLEET FUELING</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 7327</b> <b>FREDERICKSBURG, VA 22404-7327</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Raleigh Rubber Stamp and Seal Co</b> <b>Attn: Managing Agent</b> <b>PO Box 26683</b> <b>Maple Plain, MN 55359</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103	<b>Nonpriority creditor's name and mailing address</b> <b>RALEIGH SAW CO. INC.</b> <b>Attn: Managing Agent</b> <b>5805-C DEPARTURE DRIVE</b> <b>RALEIGH, NC 27616</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104	<b>Nonpriority creditor's name and mailing address</b> <b>RANDSTAD</b> <b>Attn: Managing Agent</b> <b>MAIL CODE: 5602</b> <b>ATLANTA, GA 30348-5046</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,296.98</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Raymond Carolina Handling</b> <b>Attn: Managing Agent</b> <b>PO Box 890352</b> <b>Charlotte, NC 28289</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1800</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.106	<b>Nonpriority creditor's name and mailing address</b> <b>RENNCO</b> <b>Attn: Managing Agent</b> <b>300 ELM STREET</b> <b>HOMER, MI 49245</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$608.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	<b>Nonpriority creditor's name and mailing address</b> <b>REPUBLIC SERVICES #939</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 9001099</b> <b>LOUISVILLE, KY 40290-1099</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,611.90</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>ROLESVILLE EQUIPMENT COMPANY</b> <b>Attn: Managing Agent</b> <b>6310 ROGERS ROAD</b> <b>ROLESVILLE, NC 27571</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,190.90</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Ryder Transportation Services</b> <b>Attn: Managing Agent</b> <b>6000 Woodward Parkway</b> <b>Athens, GA 30605</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Deficiency balance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,166.23</b>
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3.110	<b>Nonpriority creditor's name and mailing address</b> <b>SAFEGUARD BUSINESS SYSTEMS</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 88043</b> <b>CHICAGO, IL 60680-1043</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$194.20</b>
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3.111	<b>Nonpriority creditor's name and mailing address</b> <b>SELECTIVE INSURANCE</b> <b>Attn: Managing Agent</b> <b>Lockbox 2747, PO BOX 8500</b> <b>PHILADELPHIA, PA 19178-2747</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Insurance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,674.00</b>
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3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Shell Small Business Card</b> <b>Attn: Managing Agent</b> <b>P.O BOX 9001015</b> <b>LOUISVILLE, KY 40290-1015</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>3968</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Charge card charges</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$602.90</b>
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3.113	<b>Nonpriority creditor's name and mailing address</b> <b>SHRED-IT USA LLC</b> <b>Attn: Managing Agent</b> <b>1251 INTREPID COURT</b> <b>RALEIGH, NC 27610</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,247.85</b>
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3.114	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHEASTERN FREIGHT LINES</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 100104</b> <b>COLUMBIA, SC 29202-3104</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,059.58</b>
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3.115	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHWEST BINDING &amp; LAMINATING</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 150</b> <b>MARYLAND HEIGHTS, MO 63043</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Glover Corporation, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.116	<b>Nonpriority creditor's name and mailing address</b> <b>ST. PAUL TRAVELERS</b> <b>Attn: Managing Agent</b> <b>CL REMITTANCE CENTER</b> <b>HARTFORD, CT 06183-1008</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,499.45</b>
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3.117	<b>Nonpriority creditor's name and mailing address</b> <b>STAPLES CREDIT PLAN</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 689020</b> <b>DES MOINES, IA 50368-9020</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,385.27</b>
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3.118	<b>Nonpriority creditor's name and mailing address</b> <b>SUPERIOR PRINTING INK CO. INC.</b> <b>Attn: Managing Agent</b> <b>100 NORTH STREET</b> <b>TETERBORO, NJ 07608</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$288.88</b>
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3.119	<b>Nonpriority creditor's name and mailing address</b> <b>THE HARDWOOD STORE OF NC, INC.</b> <b>Attn: Managing Agent</b> <b>106-V E. RAILROAD AVENUE</b> <b>GIBSONVILLE, NC 27249</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120	<b>Nonpriority creditor's name and mailing address</b> <b>TRIANGLE WEB PRINTING</b> <b>Managing Agent</b> <b>514 UNITED DRIVE</b> <b>DURHAM, NC 27713</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,684.84</b>
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3.121	<b>Nonpriority creditor's name and mailing address</b> <b>ULINE</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 88741</b> <b>CHICAGO, IL 60680-1741</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,861.17</b>
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3.122	<b>Nonpriority creditor's name and mailing address</b> <b>ULTIMATE PRINT FINISHING</b> <b>Attn: Managing Agent</b> <b>P.O. BOX 4175</b> <b>ARCHDALE, NC 27263</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$834.25</b>
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Debtor	<b>Glover Corporation, Inc.</b> Name	Case number (if known)
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3.123	<b>Nonpriority creditor's name and mailing address</b> <b>United Healthcare Insurance Co</b> <b>Attn: Managing Agent</b> <b>PO Box 94017</b> <b>Palatine, IL 60094-4017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85,415.47</b>
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3.124	<b>Nonpriority creditor's name and mailing address</b> <b>UPDATE LIMITED</b> <b>Attn: Managing Agent</b> <b>134 PEAVEY CIRCLE</b> <b>CHASKA, MN 55318</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$232.32</b>
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3.125	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>Managing Agent</b> <b>P.O. BOX 7247-0244</b> <b>PHILADELPHIA, PA 19170-0001</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>4288</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,846.17</b>
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3.126	<b>Nonpriority creditor's name and mailing address</b> <b>VERITIV OPERATING CO, FORMERLY XPED</b> <b>Managing Agent</b> <b>1070 WATERFIELD DRIVE</b> <b>GARNER, NC 27529</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99,319.84</b>
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3.127	<b>Nonpriority creditor's name and mailing address</b> <b>VERIZON WIRELESS</b> <b>Managing Agent</b> <b>P.O. BOX 660108</b> <b>DALLAS, TX 75266-0108</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$765.70</b>
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3.128	<b>Nonpriority creditor's name and mailing address</b> <b>VIDEOJET TECHNOLOGIES, INC.</b> <b>Attn: ACCOUNTS RECEIVABLE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$993.40</b>
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3.129	<b>Nonpriority creditor's name and mailing address</b> <b>W.B. PORTER &amp; COMPANY</b> <b>Managing Agent</b> <b>P.O. BOX 27905</b> <b>RALEIGH, NC 27611</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Supplier or Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$859.38</b>
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Debtor **Glover Corporation, Inc.**

Name

Case number (if known)

3.130	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo Financial Leasing</b> <b>Attn: Managing Agent</b> <b>P O Box 10306</b> <b>Des Moines, IA 50306</b> Date(s) debt was incurred <u>1/5/17</u> Last 4 digits of account number <u>7817</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Deficiency balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,290.98</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo Vendor Finance Service</b> <b>Attn: Managing Agent</b> <b>P O Box 105743</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Deficiency balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,785.46</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>WEXLER PACKAGING PRODUCTS</b> <b>Attn: Managing Agent</b> <b>777-M SCHWAB ROAD</b> <b>HATFIELD, PA 19440</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier or Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$514.24</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>AT&amp;T</b> <b>Attn: Regional Enduser</b> <b>6451 N Federal Highway</b> <b>Fort Lauderdale, FL 33308</b>	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>Canon Solutions America</b> <b>Attn: Managing Agent</b> <b>P O Box 1267</b> <b>Burlington, NJ 08016</b>	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	<b>Hitachi Capital America Leasing</b> <b>Attn: Managing Agent</b> <b>800 Connecticut Avenue</b> <b>Norwalk, CT 06854</b>	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	<b>Mac Papers</b> <b>Attn: Managing Agent</b> <b>2533 Atlantic Avenue</b> <b>Raleigh, NC 27604</b>	Line <u>3.74</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	<b>Republic Services</b> <b>Attn: Accts Receivable</b> <b>1137 Albemarle Road</b> <b>Troy, NC 27371</b>	Line <u>3.107</u> <input type="checkbox"/> Not listed. Explain ____	—
4.6	<b>Thomas A. McCormick, City Attorney</b> <b>219 Fayetteville Street, Suite 1020</b> <b>Raleigh, NC 27601</b>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor <b>Glover Corporation, Inc.</b> <small>Name</small> <hr/> <div style="background-color: #f0f0f0; padding: 2px;">Name and mailing address</div> <hr/> 4.7 <b>Wake County Dept of Revenue</b> <b>Attn: Revenue Administrator</b> <b>P O Box 2331</b> <b>Raleigh, NC 27602</b>	Case number (if known) _____ <hr/> <div style="background-color: #f0f0f0; padding: 2px;">On which line in Part1 or Part 2 is the related creditor (if any) listed?</div> <div style="background-color: #f0f0f0; padding: 2px;">Last 4 digits of account number, if any</div> <hr/> Line <u>2.4</u> — <input type="checkbox"/> Not listed. Explain _____
4.8 <b>Wells Fargo Financial Leasing, Inc.</b> <b>Attn: Managing Agent</b> <b>800 Walnut Street, MAC N0005-055</b> <b>Des Moines, IA 50309</b>	Line <u>3.131</u> — <input type="checkbox"/> Not listed. Explain _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a. \$	<u>129,794.41</u>
5b. + \$	<u>3,577,922.25</u>
5c. \$	<u>3,707,716.66</u>

**Fill in this information to identify the case:**Debtor name **Glover Corporation, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease for Apple computers**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Apple Financial Services  
Attn: Managing Agent  
P O Box 35701  
Billings, MT 59107-5701**2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease for printer**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Canon Financial Services, Inc.  
Attn: Managing Agent  
14904 Collections Center Drive  
Chicago, IL 60693-0149**2.3. State what the contract or lease is for and the nature of the debtor's interest **Service Contract for printer**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Canon Solutions America  
Attn: Managing Agent  
12379 Collectios Center Drive  
Chicago, IL 60693**2.4. State what the contract or lease is for and the nature of the debtor's interest **Dell Power Edge R730 Xeon, Mac Wokstatiopns 3, 2GHz Pro 1TB, Asante Intracore 3524 Net Switch, Powerare 9125 UPS station**State the term remaining **Term 60 months from 1/5/17 42 months**

List the contract number of any \_\_\_\_\_

**Crestmark Equipment Finance, Inc.  
Attn: Managing Agent  
49050 Woodward Avenue, Ste 201  
Bloomfield Hills, MI 48304**

Debtor 1 **Glover Corporation, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Lease for printer**

State the term remaining

List the contract number of any government contract

**Hitachi Capital America**  
**Attn: Managing Agent**  
**P O Box 1880**  
**Minneapolis, MN 55480-1880**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Lease for 2016 Infiniti vehicle**

State the term remaining

List the contract number of any government contract

**Infinity Financial Services**  
**Attn: Managing Agent**  
**P O Box 660577**  
**Dallas, TX 75266-0577**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Lease for Ryder truck**

State the term remaining

List the contract number of any government contract

**Ryder Transportation Services**  
**Attn: Managing Agent**  
**6000 Windward Parkway**  
**Athens, GA 30605**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Lease for NEC SV9100**  
**Telephone system;**  
**HPE SP Proliant DL**  
**380 Gen9**

State the term remaining

List the contract number of any government contract

**Wells Fargo Financial Leasing**  
**Attn: Managing Agent**  
**800 Walnut Street**  
**Des Moines, IA 50309**

**Fill in this information to identify the case:**Debtor name **Glover Corporation, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Brenda Goldberg****2401 Atlantic Avenue  
Raleigh, NC 27604****World Business  
Lenders**☒ D **2.13**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_**2.2 Brian Goldberg****12425 Browder Street  
Raleigh, NC 27614****World Business  
Lenders**☒ D **2.13**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_**2.3 Brian Goldberg****12425 Browder Street  
Raleigh, NC 27614****Capital Advance  
Services, LLC**☒ D **2.2**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_**2.4 Brian Goldberg****12425 Browder Street  
Raleigh, NC 27614****DLI Assets Bravo,  
LLC**☒ D **2.6**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_**2.5 Brian Goldberg****12425 Browder Street  
Raleigh, NC 27614****ML Factors**☒ D **2.11**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_



Debtor **Glover Corporation, Inc.**

Case number (if known)

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>Brian Goldberg</b>	<b>12425 Browder Street Raleigh, NC 27614</b>	<b>Yes Funding</b>	<input checked="" type="checkbox"/> D <b>2.14</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	<b>Brian Goldberg</b>	<b>12425 Browder Street Raleigh, NC 27614</b>	<b>Knight Capital</b>	<input checked="" type="checkbox"/> D <b>2.8</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	<b>Brian Goldberg</b>	<b>12425 Browder Street Raleigh, NC 27614</b>	<b>Swift Capital</b>	<input checked="" type="checkbox"/> D <b>2.12</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	<b>Brian Goldberg</b>	<b>12425 Browder Street Raleigh, NC 27614</b>	<b>First National Bank of Pennsylvania</b>	<input checked="" type="checkbox"/> D <b>2.7</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	<b>Lou Goldberg</b>	<b>2204 Timberlake Drive Raleigh, NC 27604</b>	<b>Capital Advance Services, LLC</b>	<input checked="" type="checkbox"/> D <b>2.2</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	<b>Lou Goldberg</b>	<b>2204 Timberlake Drive Raleigh, NC 27604</b>	<b>DLI Assets Bravo, LLC</b>	<input checked="" type="checkbox"/> D <b>2.6</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	<b>Lou Goldberg</b>	<b>2204 Timberlake Drive Raleigh, NC 27604</b>	<b>ML Factors</b>	<input checked="" type="checkbox"/> D <b>2.11</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	<b>Lou Goldberg</b>	<b>2204 Timberlake Drive Raleigh, NC 27604</b>	<b>Yes Funding</b>	<input checked="" type="checkbox"/> D <b>2.14</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Glover Corporation, Inc.**

Case number (if known)

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	<b>Lou Goldberg</b>	<b>2204 Timberlake Drive Raleigh, NC 27604</b>	<b>World Business Lenders</b>	<input checked="" type="checkbox"/> D <u>2.13</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	<b>Lou Goldberg</b>	<b>2204 Timberlake Drive Raleigh, NC 27604</b>	<b>Knight Capital</b>	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	<b>Lou Goldberg</b>	<b>2204 Timberlake Drive Raleigh, NC 27604</b>	<b>Swift Capital</b>	<input checked="" type="checkbox"/> D <u>2.12</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	<b>Lou Goldberg</b>	<b>2204 Timberlake Drive Raleigh, NC 27604</b>	<b>First National Bank of Pennsylvania</b>	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**Debtor name Glover Corporation, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**  
From 1/01/2017 to 12/31/2017**Sources of revenue**  
Check all that apply☐ Operating a business  
☒ Other Operating revenue**Gross revenue**  
(before deductions and exclusions)\$1,128,154.58**For year before that:**  
From 1/01/2016 to 12/31/2016☐ Operating a business  
☒ Other Operating revenue\$1,049,216.62**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*3.1. **American Express**  
**Attn: Managing Agent**  
**P O Box 1270**  
**Newark, NJ 07101****various****\$28,056.69**☐ Secured debt  
☐ Unsecured loan repayments  
☐ Suppliers or vendors  
☐ Services  
☒ Other Credit card

Debtor **Glover Corporation, Inc.**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.2. <b>Acrilex, Inc.</b> <b>Attn: Managing Agent</b>	<b>various</b>	<b>\$10,646.35</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. <b>EFI</b> <b>Attn: Managing Agent</b> <b>1340 Corporate Center Curve</b> <b>Eagan, MN 55121</b>	<b>various</b>	<b>\$11,159.19</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. <b>AGFA Corporation</b> <b>Attn: Managing Agent</b>	<b>various</b>	<b>\$15,415.01</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. <b>AT &amp; T</b> <b>Attn: Managing Agent</b> <b>Dept 019</b> <b>Carol Stream, IL 60197-5019</b>	<b>various</b>	<b>\$7,958.80</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. <b>Canon Solutions America</b> <b>Attn: Managing Agent</b>	<b>various</b>	<b>\$14,998.72</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. <b>Diamond D Insurance</b> <b>Attn: Managing Agent</b>	<b>various</b>	<b>\$6,832.79</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. <b>Duke Energy Progress</b> <b>Attn: Managing Agent</b>	<b>various</b>	<b>\$13,950.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.9. <b>Northern Blue LLP</b> <b>Attn: Managing Agent</b> <b>1414 Raleigh Road, Ste 435</b> <b>Chapel Hill, NC 27517</b>	<b>various</b>	<b>\$24,599.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Glover Corporation, Inc.**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.10 John Edwards Co. AttnA: Managing Agent	various	\$12,833.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.11 Lindenmyr Munroe Attn: Managing Agent	various	\$129,346.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.12 EFM Restructuring Advisors Attn: Managing Agent	various	\$38,714.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.13 Proto Labs Attn: Managing Agent	various	\$6,649.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.14 Twin City COnsulting LLC Attn: Managing Agent	various	\$10,529.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.15 Wake County Revenue Dept Attn Managing Agent	various	\$8,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other___
3.16 Worldwide Digital Press Attn: Managing Agent	various	\$16,150.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Glover Corporation, Inc.**

Case number (if known)

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Brian Goldberg</b> <b>12425 Browder Street</b> <b>Raleigh, NC 27614</b> officer	<b>4/30/2017</b> <b>through</b> <b>4/3/18</b>	<b>\$207,876.50</b>	<b>salary and loan repayment</b>
4.2. <b>Lou Goldberg</b> <b>2204 Timberlake Drive</b> <b>Raleigh, NC 27604</b> officer	<b>5/18/17,</b> <b>6/15/17,</b> <b>3/29/18,</b>	<b>\$11,157.00</b>	<b>salary</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>In Re: Foreclosure of Deed of Trust</b> <b>18 SP 647</b>	<b>foreclosure action</b>	<b>NC Superior Court, Wake County</b> <b>P O Box 361</b> <b>Raleigh, NC 27602</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. <b>Mantis Funding, LLC vs Glover Corporaqtion, et al</b> <b>18-CV-001848</b>	<b>Domestication of NY foreign judgment</b>	<b>NC Superior Court, Wake County</b> <b>P O Box 351</b> <b>Raleigh, NC 27602</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. <b>Hitachi Capital America Corp. vs Glover Corporation, Inc., Louis M. Goldberg, Brian D. Goldberg</b> <b>18-</b>	<b>Default of Lease filed 5-18-18</b>	<b>4th Judicial District Court, MN</b> <b>6125 Shingle Creek Pkwy</b> <b>Minneapolis, MN 55430</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Glover Corporation, Inc.**

Case number (if known) \_\_\_\_\_

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4.	<b>First National Bank of Pennsylvania vs BDG Properties, LLC, Glover Corporation, Inc., Midatlantic Graphics, Inc., L &amp; B Equipment Leasing, LLC, Louis M. Goldberg,, Brian D. Goldberg 18-CV-63</b>	<b>Complaint for Money Owed filed 5-16-18</b>	<b>Superior Court, Wake Co, North Carolina P O Box 351 Raleigh, NC 27602</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	<b>Levy against credit card processing accounts by MCA Recovery LLC</b>	<b>Levy against credit card processing accounts by MCA Recovery LLC</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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Debtor **Glover Corporation, Inc.**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>EFM Restructuring Advisors Managing Agent 4480 South Cobb Drive, Suite H246 Smyrna, GA 30080</b>		<b>weekly or bi-weekly</b>	<b>\$46,714.26</b>
	Email or website address			
	Who made the payment, if not debtor?			
11.2.	<b>Northern Blue, LLP PO Box 2208 Chapel Hill, NC 27515</b>	<b>\$24,599.50 applied in payment of pre-petition amounts owed including filing fee of \$1,717, \$1,594.50 balance remaining in trust</b>	<b>various</b>	<b>\$26,194.00</b>
	Email or website address			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?



Debtor **Glover Corporation, Inc.**

Case number (if known)

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Debtor **Glover Corporation, Inc.**

Case number (if known)

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
- ☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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**26. Books, records, and financial statements****26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**

- ☐ None

Name and address	Date of service From-To
26a.1. <b>Phyllis Matthews</b> <b>2420 Pines Drive</b> <b>Raleigh, NC 27606</b>	<b>2/24/1998 through</b> <b>current</b>
26a.2. <b>Snap Ledgers</b> <b>100 North Main Street</b> <b>Suite 2515</b> <b>Winston Salem, NC 27101</b>	<b>1/1/18 to current</b>

Debtor **Glover Corporation, Inc.**

Case number (if known) \_\_\_\_\_

**Name and address****Date of service  
From-To**

26a.3. **Nancy Bunting, CPA**  
**5171 Glenwood Avenue**  
**Suite 403**  
**Raleigh, NC 27612**

**1/1/1965 through**  
**current**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

**Name and address****Date of service  
From-To**

26b.1. **Phyllis Matthews**  
**2420 Pines Drive**  
**Raleigh, NC 27606**

**1/1/1998 through**  
**current**

**Name and address****Date of service  
From-To**

26b.2. **Snap Ledgers**  
**100 North Main Street**  
**Suite 2515**  
**Winston Salem, NC 27101**

**1/1/18 through**  
**current**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address****If any books of account and records are  
unavailable, explain why**

26c.1. **Snap Ledgers**  
**100 North Main Street**  
**Suite 2515**  
**Winston Salem, NC 27101**

26c.2. **Nancy Bunting, CPA**  
**5171 Glenwood Avenue**  
**Suite 403**  
**Raleigh, NC 27612**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Yadkin Valley Bank (First National Bank)**  
**Attn: Managing Agent**  
**100 Federal Street, 4th Floor**  
**Pittsburgh, PA 15212**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Debtor **Glover Corporation, Inc.**

Case number (if known)

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Brian Goldberg	5/31/18	151,293.04

Name and address of the person who has possession of inventory records

Glover Corporation

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Lou Goldberg	2204 Timberlake Drive Raleigh, NC 27604	President	51
Brian Goldberg	12425 Browder Street Raleigh, NC 27614	Chief Operating Officer	49

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Debtor Glover Corporation, Inc.

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 1, 2018

/s/ Lou Goldberg

Signature of individual signing on behalf of the debtor

Lou Goldberg

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Eastern District of North Carolina**

In re **Glover Corporation, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>24,599.50</b>
Prior to the filing of this statement I have received .....	\$	<b>24,599.50</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

**Post-petition services in connection with chapter 11 case to be paid a customary hourly rates, subject to review and approval of the Bankruptcy Court.**

**[Note: \$1,717 filing fee included in \$24,599.50 paid to Northern Blue pre-petition, unexpended balance of \$1,594.50 remains in retainer as of filing date]**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**June 1, 2018**

*Date*

**/s/ John Paul H. Cournoyer**

**John Paul H. Cournoyer**

*Signature of Attorney*

**Northern Blue, LLP**

**PO Box 2208**

**Chapel Hill, NC 27515**

**919-968-4441 Fax: 919-942-6603**

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **Glover Corporation, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Brian Goldberg</b> <b>12425 Browder Street</b> <b>Raleigh, NC 27614</b>		<b>49%</b>	<b>Shareholder</b>
<b>Lou Goldberg</b> <b>2204 Timberlake Drive</b> <b>Raleigh, NC 27604</b>		<b>51%</b>	<b>Shareholder</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 1, 2018**Signature **/s/ Lou Goldberg**  
**Lou Goldberg**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **Glover Corporation, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 1, 2018**

**/s/ Lou Goldberg**

**Lou Goldberg/President**

Signer/Title



ABC Express Couriers  
Attn: Managing Agent  
PO Box 2073  
Garner, NC 27529

AT&T  
Attn: Managing Agent  
Dept 019  
CAROL STREAM, IL 60197-5019

Bluesky 401(K) Specialists  
Attn: Managing Agent  
6331 Carmel Road  
Charlotte, NC 28226-8246

Acme Company  
Attn: Managing Agent  
64 Beaver Street, Suite 344  
New York, NY 10004

AT&T  
Attn: Regional Enduser  
6451 N Federal Highway  
Fort Lauderdale, FL 33308

Braden Sutphin Ink Company  
Attn: Managing Agent  
PO Box 932504  
Cleveland, OH 44193

Acrilex, Inc.  
Attn: Managing Agent

AT&T Mobility  
Attn: Managing Agent  
P.O. BOX 6463  
CAROL STREAM, IL 60197-6463

Brenda Goldberg  
2401 Atlantic Avenue  
Raleigh, NC 27604

Adecco Financial Services  
Attn: Managing Agent  
P.O. BOX 371084  
PITTSBURGH, PA 15250-7084

Audi Financial Services  
Attn: Managing Agent  
P O Box 5215  
Carol Stream, IL 60197

BRIAN GOLDBERG  
12425 BROWDER STREET  
RALEIGH, NC 27614

ADP INC.  
Managing Agent  
P.O. BOX 842875  
BOSTON, MA 02284-2875

Automated Packaging Systems  
Attn: Managing Agent  
P.O. BOX 643916  
CINCINNATI, OH 45264-3916

BROTHERS ELECTRIC CO. INC.  
Attn: Managing Agent  
5808 SHAWOOD DRIVE  
RALEIGH, NC 27609

AGFA Corporation  
Attn: Managing Agent  
P.O. BOX 7247-6207  
PHILADELPHIA, PA 19170-6207

BANK OF AMERICA CREDIT CARD  
Attn: Managing Agent  
PO BOX 15796  
WILMINGTON, DE 19886-5796

BUILT CREATIVE  
Managing Agent  
219 N SALEM STREET  
APEX, NC 27502

Alexander Exterminating Company  
545 DYNAMIC DRIVE  
GARNER, NC 27529

BATTERIES PLUS OF RALEIGH  
Attn: Managing Agent  
4907 ATLANTIC AVENUE  
RALEIGH, NC 27616-1865

BUSINESS CARD EXPRESS SOU  
Attn: Managing Agent  
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Blue Cross Blue Shield  
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Durham, NC 27701-2721

Canon Financial Services  
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14904 Collections Center Drive  
Chicago, IL 60693-0149

Apple Financial Services  
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Blue Sky 401k Specialists  
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Canon Solutions America  
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WILMINGTON, DE 19886-5153

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CHTD Company, as representative  
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Crestmark Equipment Finance  
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Ryder Transportation Services  
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RALEIGH, NC 27610

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Des Moines, IA 50309

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Yes Funding  
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New York, NY 10168

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **Glover Corporation, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Glover Corporation, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**June 1, 2018**

Date

**/s/ John Paul H. Cournoyer**

**John Paul H. Cournoyer**

Signature of Attorney or Litigant

Counsel for **Glover Corporation, Inc.**

**Northern Blue, LLP**

**PO Box 2208**

**Chapel Hill, NC 27515**

**919-968-4441 Fax:919-942-6603**